



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF LEAD LICENSING  
**LEAD ABATEMENT PROJECT NOTIFICATION**

**GENERAL INFORMATION**

You must mail a completed *Lead Abatement Project Notification* form ten (10) days prior to the onset of the lead abatement project (701.309, RSMo).

A *Lead Abatement Project Re-Notification* form must be submitted if there are any changes to this initial project notification.

A completed project notification includes:

1. The information requested on this notification form
  2. The lead abatement project notification fee of \$25.00, and
  3. A copy of the Occupant Protection Plan pursuant to 19 CSR 30-70.630(7). (For projects in target housing or child-occupied facilities.)
- Mail to: Missouri Department of Health and Senior Services, Attn: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102-0570.
  - Please type or print legibly.

**PART A. PROJECT INFORMATION (additional pages may be attached)**

PROJECT ADDRESS (PLEASE INCLUDE THE STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTY OF EACH LOCATION WHERE ABATEMENT WILL OCCUR)

PROPERTY OWNER(S) (PLEASE INCLUDE NAME, ADDRESS AND TELEPHONE NUMBER)

TYPE OF STRUCTURE BEING ABATED (CHECK ALL THAT APPLY)

- ☐ DWELLING (SINGLE FAMILY) ☐ BRIDGE, OUTDOOR STRUCTURE  
☐ DWELLING (MULTI-FAMILY) ☐ COMMERCIAL BUILDING (PLEASE DESCRIBE) \_\_\_\_\_  
☐ CHILD-OCCUPIED FACILITY  
(AS DEFINED IN 701.300(2), RSMo) \_\_\_\_\_

LEAD ABATEMENT PROJECT STRATEGY (CHECK ALL THAT APPLY)

- ☐ REPLACEMENT ☐ ENCLOSURE ☐ ENCAPSULATION ☐ REMOVAL ☐ INTERIOR ☐ EXTERIOR

PROJECT START DATE

ESTIMATED PROJECT COMPLETION DATE

LIST WORKING HOURS FOR EACH DAY OF WEEK BELOW:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

**PART B. PROJECT PERSONNEL (additional pages may be attached)**

LEAD ABATEMENT PROJECT CONTRACTOR (Name and Address)

TELEPHONE NUMBER

LICENSE NUMBER

LEAD ABATEMENT PROJECT SUPERVISOR(S)

NAME	LICENSE NUMBER
⇒	
⇒	

LEAD ABATEMENT PROJECT WORKERS

NAME	LICENSE NUMBER	NAME	LICENSE NUMBER
⇒		⇒	
⇒		⇒	
⇒		⇒	
⇒		⇒	

**NOTE: THE FOLLOWING STATEMENT MUST BE SIGNED BY THE LEAD ABATEMENT SUPERVISOR(S) LISTED ABOVE.**

**I hereby certify that all of the information provided in this initial notification is complete and true to the best of my knowledge.**

SIGNATURE OF LEAD ABATEMENT SUPERVISOR

DATE

SIGNATURE OF LEAD ABATEMENT SUPERVISOR (if more than one)

DATE